

## **EMERGENCY SUPPORT FUNCTION 8 HEALTH AND MEDICAL SERVICES**

**PRIMARY AGENCY:** Washington State Department of Health

**SUPPORT AGENCIES:** Washington State Department of Agriculture  
Washington State Office of Financial Management  
Washington State Department of General Administration  
Washington State Department of Labor and Industries  
Washington State Department of Licensing  
Washington State Military Department  
Emergency Management Division  
National Guard  
Washington State Patrol  
Washington State Department of Social and Health Services  
Washington State Department of Transportation  
U.S. Department of Health and Human Services  
American Red Cross

### **I. INTRODUCTION**

#### **A. Purpose**

This Emergency Support Function (ESF) provides Washington State government-coordinated assistance to local jurisdictions in response to public health and medical care needs resulting from an emergency or disaster.

#### **B. Scope**

1. ESF 8 provides assistance to local jurisdictions in identifying and meeting the health and medical needs of victims of an emergency or disaster. This support is categorized in the following functional areas:
  - a. Assessment of health and medical needs.
  - b. Health surveillance.
  - c. Medical care personnel.
  - d. Health and medical equipment and supplies.
  - e. Patient evacuation.
  - f. In-hospital care.
  - g. Food, drug, and medical device safety.
  - h. Worker health and safety.
  - i. Radiological hazards.

- j. Chemical hazards.
  - k. Biological hazards.
  - l. Mental health.
  - m. Public health information.
  - n. Vector control.
  - o. Potable water, wastewater, and solid waste disposal.
  - p. Victim identification and mortuary services.
  - q. Veterinary services.
2. The Department of Health (DOH) directs and coordinates the provision of health and medical assistance to the affected local jurisdiction authorities. Within the scope of ESF 8 is overall public health response and recovery, triage, treatment, and transportation of victims of the event, and the evacuation of patients from the area of the event. The intent of ESF 8, Health and Medical Services, is to supplement and assist the local jurisdictions affected by the disaster by utilizing resources primarily available from:
- a. Within DOH.
  - b. Supporting departments and agencies to ESF 8.
  - c. Medical profession volunteers.
  - d. Other local health jurisdictions.
  - e. The National Disaster Medical System (NDMS), which is a nationwide medical mutual aid network between the federal and non-federal sectors that includes medical response, patient evacuation, and definitive medical care. At the federal level it is a partnership between the U.S. Department of Health and Human Services (HHS), the U.S. Department of Defense (DOD), the U.S. Department of Veterans Affairs (VA), and the Federal Emergency Management Agency (FEMA).
  - f. Specific non-governmental sources such as major pharmaceutical suppliers, hospital supply vendors, the Washington State Funeral Directors Association, and certain other volunteer organizations.

## **II. POLICIES**

- A. State coordinated health and medical assistance to local jurisdictions will be directed by the DOH through the Secretary of Health or designated representative.

- B. Local jurisdictions will activate mutual aid agreements when their resources are depleted or committed. Additional state and federal assistance will be requested, coordinated, and provided when local public and private resources have been exhausted.

### III. SITUATION

#### A. Emergency/Disaster Conditions and Hazards

1. A significant natural disaster or technological event that overwhelms the affected local jurisdiction would necessitate both state and federal public health and medical care assistance. For example, casualty estimates for a major earthquake could range from 1,000 to more than 50,000, depending on population density, quality of building construction, and the location, time, magnitude, and duration of the earthquake. The sudden onset of such a large number of victims would stress the local medical system, necessitating time-critical assistance from the state and federal government. Such a natural disaster would also pose certain public health threats, including problems related to food, disease vectors, water, wastewater, solid waste, and mental health effects.
2. Hospitals, nursing homes, pharmacies and other medical/health care facilities may be structurally damaged or destroyed. Those facilities that survive with little or no structural damage may be rendered unusable or only partially usable because of damage to, or reduction of, utilities (power, water, sewer), because staff is unable to report for duty due to personal injuries, and damage or disruption of communication and transportation systems. Medical and health care facilities which remain in operation and have the necessary utilities and staff will probably be overwhelmed by the "walking wounded" and seriously injured victims who are transported there in the immediate aftermath of the occurrence. In the face of massive increases in demand and the damage sustained, medical supplies (including pharmaceuticals) and equipment will likely be in short supply. Disruptions in local communications and transportation systems could prevent timely re-supply.
3. Uninjured persons who require maintenance medications (e.g., insulin) may have difficulty in obtaining them because of damage or destruction of normal supply locations and general shortages within the disaster area.
4. Although other disasters such as fires and floods do not generate the casualty volume of a major earthquake, there will be a noticeable emphasis on relocation, shelters, vector control, and returning water, wastewater, and solid waste facilities to operation.
5. An emergency resulting from an explosion, toxic gas, radiation, or biological release could occur that may not damage the local medical system. However, such an event could produce a large concentration of specialized injuries that would overwhelm the local jurisdiction's medical system, and/or result in the contamination of medical treatment personnel

or medical facilities which could reduce or eliminate the ability of those personnel or facilities to continue providing aid.

## **B. Planning Assumptions**

1. Resources within the affected area may be inadequate to clear casualties from the scene or to treat them in local hospitals. Additional medical capabilities will urgently be needed to supplement and assist local jurisdictions to triage and treat casualties in the affected area and then to transport them to the closest appropriate health care facility. Additionally, medical resupply may be needed throughout the event area. In a major event, operational necessity will require the further transportation of patients by air to the nearest metropolitan areas with sufficient concentrations of available hospital beds where patient needs can be matched with the necessary definitive medical care.
2. Damage to chemical and industrial plants; sewer lines as well as water sources, distribution, storage, and treatment systems; and secondary hazards such as fires may result in toxic environmental and public health hazards to the surviving population and response personnel.
3. The damage and destruction caused by a natural or technological event will produce urgent needs for mental health crisis counseling for victims and emergency responders.
4. Local jurisdictions may require assistance in maintaining the continuity of health and medical services.
5. Disruption of sanitation services and facilities, loss of power, and massing of people in shelters may increase the potential for disease and injury.
6. In a major catastrophic event (including but not limited to epidemics, pandemics, and bioterrorism attacks), medical resources will be insufficient to meet demand, specialized equipment and/or treatment materials may be unavailable, and transportation assets may also be restricted due to contamination. No emergency plan can ensure the provision of adequate resources in such circumstances.

## **IV. CONCEPT OF OPERATIONS**

### **A. General**

1. The DOH will designate a primary liaison (normally the Director, Office of Risk Management) to the state Emergency Operations Center (EOC). The state EOC will notify the DOH liaison (or alternate contact) when and as specified by duty officer procedures or whenever deemed appropriate. Such notification could be to advise of a potential event, announce a Phase II or III activation of the state EOC, or to pass a request from local jurisdiction officials requesting assistance.

- a. The DOH liaison will make further notifications in accordance with internal plans, procedures, or practices.
  - b. The DOH liaison will also notify ESF 8 supporting agencies for their assistance, as needed.
  - c. Supporting agency representatives will notify their parent agency and report to the appropriate location, as requested.
2. ESF 8 response and recovery activities will be directed from the state EOC when it is activated and has become operational. The state EOC ESF 8 staff may initially consist of the State Health Officer (SHO) or alternate, and other staff that DOH deems appropriate.
3. All support agencies and organizations will be notified and tasked to provide 24-hour representation, as necessary. Each support agency and organization is responsible for ensuring that sufficient program staff is available to support the state EOC and to carry out the activities tasked to their agency or organization on a continuous basis. Individuals representing agencies and organizations who are staffing the state EOC must have extensive knowledge of the resources and capabilities of their respective agencies or organizations, and have access to the appropriate authority for committing such resources during response and recovery operations.
4. State ESF 8 will be established at the state EOC, and will maintain coordination with the appropriate local jurisdiction EOCs, medical and public health officials, and organizations to obtain current medical and public health assistance requests. It is anticipated that most requests will be made by telephone, radio, or face-to-face conversations rather than by formally written requests.
5. The state EOC ESF 8 staff will continuously acquire and assess information about the situation. The staff will continue to identify the nature and extent of health and medical problems, and establish appropriate monitoring and surveillance of the situation to obtain valid ongoing information. The state ESF 8 will primarily rely on information from the disaster area that is furnished by the local EOC. Other sources of information may include assessment teams dispatched by DOH, supporting agencies and organizations, various state officials in the affected area, local health officials, local health districts, or the broadcast media.
6. In the early stages of a response, it may not be possible to fully assess the situation and verify the need for the level of assistance that is being requested. In such circumstances, it shall be the responsibility of state EOC ESF 8 to decide whether to authorize assistance. Every attempt shall be made to verify the need before providing assistance. However, it may be necessary to proceed with assistance on a limited basis before verifications are obtained. In such a situation, the state EOC ESF 8 will use its judgment and will be flexible and responsive to meeting perceived time critical needs.

7. Because of the potential complexity of the health and medical response issues and situations, conditions may require special advisory groups of subject matter experts to be assembled by state ESF 8. They would review health and medical intelligence information, and advise on specific strategies to be employed in order to appropriately manage and respond to a specific situation.
8. By direction of the SHO or the Secretary of Health, health personnel or teams from DOH will be deployed as needed to provide appropriate medical and public health (including environmental health) assistance.
9. National Guard medical, transportation, weapons of mass destruction response teams, and other assets may be asked to deploy to support ESF 8 requirements. These requirements will be coordinated with the state EOC National Guard Liaison Coordinator to activate and deploy the necessary military units.
10. Requests for information may be received at ESF 8 from various sources, such as the media and the general public. These requests will be referred to the Joint Information Center for response.
11. A journal of ESF 8 activities shall be maintained by the senior representative of each of the participating agencies in accordance with state EOC Emergency Operations Procedures. The DOH liaison will, upon completion of the event, review the separate journals and prepare a summary after-action report. The after-action report, which summarizes the major activities of ESF 8, will identify key problems, indicate how they were solved, and make recommendations for improving response and recovery operations in subsequent activations. Support agencies and organizations will assist in the preparation of the after action report and endorse the final report.
12. State ESF 8 will also be assisted by those other support agencies as contained in the ESF 8 appendices.
13. State ESF 8 will utilize locally available health and medical resources to the extent possible to meet the needs identified by local jurisdictions. Federal ESF 8 will meet the additional requirements primarily from pre-arranged sources from throughout the United States and Canada.
14. Throughout response and recovery activities, ESF 8 will evaluate and analyze medical and public health assistance requests and responses, and develop and update assessments of medical and public health status. All requests from appropriate local jurisdictions for medical and public health assistance will be assumed to be valid. Upon receiving conflicting or questionable requests, ESF 8 will attempt to confirm the actual need. ESF 8 will maintain accurate and extensive logs to support after-action reports and other documentation of the event conditions.
15. ESF 8 will develop and provide medical and public health situation reports to the EOC Decision Group, the DOH EOC, the primary Joint Information Center (JIC), and organizations with a need for recurring reports of

specific types of information including other ESFs, federal agencies, and the local jurisdiction upon request.

16. The DOH EOC will activate in accordance with internal plans and procedures based upon the agency's evaluation of the event.

## **B. Organization**

### **1. Washington State Department of Health**

The Department of Health consists of the Office of the Secretary (OS), and six major divisions.

#### **a. Community and Family Health**

##### **(1) Infectious Diseases and Reproductive Health**

Manages the Sexually Transmitted Disease, HIV/Aids, and Tuberculosis programs. Facilitates the delivery of high-quality, low-cost, comprehensive family planning and reproductive health care services.

##### **(2) Maternal and Child Health**

Provides access to health and support services for pregnant and postpartum women and their children by providing continuing education and training for providers of maternity services, referral coordination, nursing assessment and intervention, and needs assessment and planning. Coordinates the state nutrition services including the Office of Women, Infants and Children Services (WIC) Nutrition Program. Manages the Immunization program.

##### **(3) Community Wellness and Prevention**

Provides programs and develops surveillance and monitoring systems for cancer, heart disease, stroke and related chronic diseases on a statewide and county level. Manages programs to control the complications from diabetes, and to prevent death and disability from injuries.

#### **b. Environmental Health**

##### **(1) Drinking Water**

Assures the purity and reliability of public drinking water systems through development of regulations and legislation regarding water quality; reviews and approves water system plans and construction projects; and provides technical assistance to local health jurisdictions.

**(2) Radiation Protection**

Regulates all uses of ionizing radiation in the state to protect the public from harmful effects of radiation and to keep human exposure to radiation at levels as low as reasonably achievable.

**(3) Food Safety and Shellfish Programs**

Protect public health by preventing illness and death from ingestion of contaminated shellfish by licensing and inspecting shellfish processing and shipping facilities; monitoring growing waters for biological and chemical contamination; and coordinating education and other programs with federal, state, local jurisdictions, and Native American governments.

**(4) Environmental Health Assessments**

Conducts environmental health assessments, educating, and recommending strategies that minimize health impacts from environmental contaminants. Provides technical assistance to the state for the Chemical Stockpile Emergency Preparedness Program (CSEPP).

**(5) Environmental Health and Safety**

Protects and promotes public health through assessment of environmental health problems, development of public policy, regulations, and guidelines, and provision of health information and education to the public, health care providers, and governmental agencies. Programs include Wastewater Management, School Safety, General Sanitation, Zoonotic Disease, Indoor Air Quality, Water Recreation, Contaminated Properties, Pesticides, and Hazardous Substances Emergency Event Surveillance.

**c. Epidemiology, Health Statistics, and Public Health Laboratory****(1) Epidemiology**

Identifies disease patterns that may indicate an environmental, behavioral, or occupational hazard and identifies and responds to outbreaks of communicable and non-communicable diseases. Works closely with local health jurisdictions to identify and track illnesses.

**(2) Hospital and Patient Data Systems**

Develops and maintains data systems providing information on hospital finances and utilization, diagnostic and procedural information. Provides analysis useful in



identifying the incidence and trends related to preventable disease resulting in acute medical intervention.

**(3) Center for Health Statistics**

Obtains, stores, and preserves the complete registration of all births, deaths, marriages, and divorces within the state, and makes official documentation of these events to the public.

**(4) Public Health Laboratories**

**(a) Environmental Chemistry and Radiation**

Supports local health jurisdiction's environmental health programs by performing analyses on drinking water, soil, paint chips, ceramics and pottery, beverages, food, and drugs. Supports statewide environmental radiation monitoring program by analyses of radioactivity in soil, water, air, sediments, milk, food, and agriculture products.

**(b) Clinical and Environmental Microbiology**

Actively works with Epidemiology and local health jurisdictions to aid in the diagnosis and control of communicable or life-threatening diseases. The environmental laboratories work directly with DOH programs including Drinking Water, Shellfish, and Epidemiology.

**(c) Newborn Screening**

Provide screening of every child born in the state to detect certain heritable disorders that require identification and treatment shortly after birth to prevent catastrophic outcomes such as mental retardation or death.

**d. Health Systems Quality Assurance**

**(1) Facilities and Services Licensing**

Provides quality assurance in patient care, prevention practices, early intervention, and environmental safety systems. Surveys medical, health, and child care facilities, state institutions, lodging establishments, and ferries to ensure acceptable levels of public health services practices.

**(2) Health Professions Quality Assurance**

Authorizes and credentials health professionals by developing licensing rules, examining applicants, and reviewing qualifications and backgrounds. Receives and processes complaints, conducts investigations, and supports licensing board hearings, and meetings.

**(3) Emergency Medical and Trauma Prevention**

Establishes, promotes, and manages a comprehensive system of emergency medical and trauma services that provides for delivery of emergency medical treatment for people with acute illness and traumatic injury.

**(4) Community and Rural Health**

Provides technical and financial assistance to stabilize and strengthen health care delivery systems in rural and urban under-served communities. Assistance is focused on activities necessary to recruit and retain health care personnel, support the health care delivery system infrastructure, and assure access to health care services.

**e. Management Services**

Provides administrative, financial, contracting, purchasing, information processing, personnel, and risk management services to the department. The five functional units are:

**(1) Financial Services.**

**(2) Contracts, Properties and Procurement.**

**(3) Human Resources.**

**(4) Risk Management.**

Provides emergency management services to the department. The Director, Office of Risk Management normally serves as liaison to the state EOC. Also provides safety and security services, claims and lawsuits management, and other services to DOH.

**f. Division of Information Resource Management**

Provides information technology services to the department, its partners, and the public in support of the department's mission.

## **2. Local Health Jurisdictions**

There are 34 local health jurisdictions serving the 39 counties within the state. The Local Health Jurisdiction Health Officer is normally the lead for the local ESF 8 health and medical response.

## **C. Procedures**

### **1. General**

- a. Basic DOH internal procedures are contained in the following documents:
  - (1) DOH Comprehensive Emergency Management Plan.
  - (2) DOH Policies and Procedures.
  - (3) DOH Response Procedures for Radiation Emergencies

## **D. Mitigation Activities**

### **1. Primary Agency**

#### **Washington State Department of Health**

Stores and distributes vaccines for immunization against disease.

### **2. Support Agencies**

**Washington State Departments of Agriculture, General Administration, Labor and Industries, Licensing, Military Department, Washington State Patrol, Social and Health Services, Transportation, Office of Financial Management, U.S. Department of Health and Human Services, and the American Red Cross**

None.

## **E. Preparedness Activities**

### **1. Primary Agency**

#### **Washington State Department of Health**

#### **a. Community and Family Health**

Develops the composition of assessment teams based on hypothetical emergency or disaster situations.

**b. Environmental Health; Epidemiology, Health Statistics, and Public Health Laboratory; and, Health Services Quality Assurance**

- (1) Develop procedures for the accomplishment of response and recovery activities. Works with local jurisdictions to develop procedures for recovery activities.
- (2) Conduct and participates in tests to validate response and recovery procedures.
- (3) Revise procedures based on test or real event findings.

**2. Support Agencies**

**Washington State Departments of Agriculture, Ecology, General Administration, Labor and Industries, Licensing, Military Department, Washington State Patrol, Social and Health Services, Transportation, Office of Financial Management, and the American Red Cross**

- a. Develop procedures and appendixes for the accomplishment of response and recovery activities.
- b. Conduct and participates in tests to validate response and recovery procedures.
- c. Revise procedures based on test or real event findings.

**F. Response Activities**

**1. Primary Agency**

**Washington State Department of Health**

**a. Community and Family Health**

Mobilizes and deploys assessment teams to the event area to assist in determining specific health and medical needs and priorities.

**b. Environmental Health**

- (1) Assists in assessing health and medical effects of radiological exposure on the general population and on high-risk population groups.
- (2) Conducts field investigations, including collection and analysis of relevant radiological samples.
- (3) Advises on protective actions related to direct human and animal exposure and on indirect exposure through

radiologically contaminated food, drugs, water supply, and other media.

- (4) Provides technical assistance and consultation on medical treatment of radiologically injured victims.
- (5) Assists in assessing health and medical effects of chemical exposure on the general public and on high-risk population groups.
- (6) Provides technical assistance and consultation for field investigations including collection and laboratory analysis of relevant chemical agent samples.
- (7) Advises of protective actions related to direct human and animal exposure and on indirect exposure through biologically, chemically, or radiologically contaminated food, drugs, water supplies, and other media.
- (8) Provides technical assistance and consultation on medical treatment of chemically injured victims.
- (9) Assists in assessing potable water and waste water/solid waste disposal issues.
- (10) Conducts field investigations including collection and laboratory analysis of relevant potable water and waste water/solid waste samples.
- (11) Provides water purification and waste water/solid waste disposal equipment and supplies.
- (12) Provides technical assistance and consultation on potable water and waste water/solid waste disposal issues.

**c. Epidemiology, Health Statistics, and Public Health Laboratory**

- (1) Establish surveillance systems to monitor the general population and special high-risk population segments.
- (2) Carry out field studies and investigations.
- (3) Monitor injury and disease patterns and potential disease outbreaks.
- (4) Provide technical assistance and consultations on disease and injury control measures and precautions.
- (5) Assist in assessing the threat of vector-borne diseases following an event.

- (6) Conduct field investigations including the collection and laboratory analysis of relevant samples.
- (7) Provide vector control equipment and supplies.
- (8) Provide technical assistance and consultation on protective actions and vector-borne diseases.
- (9) Provide technical assistance and consultation on medical treatment of victims of vector-borne diseases.
- (10) Advise of protective actions related to direct human and animal exposure and on indirect exposure through biologic agent contamination of food, drugs, water supplies, and other media.
- (11) Provide technical assistance and consultations of medical treatment of victims injured by biologic agents.
- (12) Assist in assessing health and medical effects of biologic exposure on the general public and on high-risk population groups.
- (13) Conduct field investigations including collection and laboratory analysis of relevant biologic samples.
- (14) Assist by providing public health and disease prevention information for the public in or near the event.
- (15) Provide short and long-term follow-up for infants with detected disorders (including provision of metabolic treatment infant formula).

**d. Health Services Quality Assurance**

- (1) Coordinates the provision of health professionals and workers to assist local health jurisdiction Health Officers in providing care for ill or injured victims.
- (2) Coordinates for health and medical equipment and supplies including pharmaceutical, biologic products, and blood and blood products in support operations and for restocking health and medical care facilities in affected areas.
- (3) Coordinates the assurance of the safety and efficacy of donated regulated drug, biologic products, and medical devices following an event.
- (4) Arranges for seizure, removal, and/or destruction of contaminated or unsafe products.

**e. Management Services**

Provides emergency management as well as logistical and administrative support necessary to perform program activities.

**f. Division of Information Resource Management**

Provides information resource management support necessary to perform program activities.

**2. Support Agencies**

**a. Washington State Department of Agriculture**

- (1) Assists in providing veterinary services for both living and deceased animals including pets, livestock, and wild or captive animals.
- (2) Assures the safety and purity of donated food products following an event.

**b. Washington State Department of General Administration**

Assists health and medical response and recovery operations by providing support with personnel, equipment, food and supplies.

**c. Washington State Department of Labor and Industries**

- (1) Assists in monitoring health and well being of emergency workers.
- (2) Performs field investigations and studies addressing worker health and safety issues.
- (3) Provides technical assistance and consultation on worker health and safety measures and precautions.

**d. Washington State Department of Licensing**

- (1) Provides liaison with medical examiner/coroner for mortuary services and funeral personnel to assist in the morgue, if needed.
- (2) Coordinates with appropriate agencies and organizations to process, prepare, and dispose of remains.
- (3) Coordinates support from the Washington State Patrol (WSP) Identification System Unit to provide assistance to the affected jurisdiction(s) in the identification of human remains.

**e. Washington State Military Department**

**(1) Emergency Management Division**

- (a) Prepares the Hazard Identification and Vulnerability Assessment.
- (b) Maintains and operates the state EOC for use by state agencies and other organizations.
- (c) Maintains Standard Operations Procedures for operating the state EOC.
- (d) Activates the state EOC, issue warnings, and activates the Emergency Alert System.
- (e) Assists the National Guard with coordinating Military Support to Civil Authorities, ESF 20.

**(2) National Guard**

- (a) Provides medical assistance for casualty clearing and staging, and other missions, as requested and capabilities permit.
- (b) Transports medical personnel, casualties, supplies, and equipment to or from the affected area and in coordination with the DOT and other transportation support agencies.
- (c) Provides logistical support to health and medical response and recovery operations.
- (d) Assists in coordinating patient reception and management in areas where military treatment facilities serve.
- (e) Provides military medical personnel to assist the Department of Health in activities for the protection of public health such as food, water, wastewater, solid waste disposal, vectors, hygiene, and other environmental conditions.
- (f) Assists in coordinating available U.S. Department of Defense medical supplies for distribution to mass care centers and medical care locations being operated for victims.
- (g) Provides available emergency medical support to assist in the support of local jurisdictions within the affected area. Services may include triage, medical



treatment, and the utilization of surviving medical facilities within the affected area.

- (h) Provides assistance in managing human remains including victim identification and disposition.
- (i) Assists in relocating or evacuating personnel to temporary shelters and assistance centers.
- (j) Within capabilities assists in decontamination of medical facilities, treatment centers, or other areas required for the administration of medical aid to the affected population.

**f. Washington State Patrol**

- (1) Assists in identifying disaster victims utilizing the Automated Fingerprint Identification System, standard-fingerprinting techniques, or advanced fingerprinting techniques for decomposed or mutilated skin.
- (2) Assists in identifying disaster victims utilizing DNA blood typing techniques such as Restriction Fragment Length Polymorphism and Polymerase Chain Reaction.
- (3) Facilitates contact with the FBI Disaster Team for victim identification, following a mass casualty event.
- (4) Assists in investigating and documenting the event scene.

**g. Washington State Department of Social and Health Services**

- (1) Assists in assessing mental health needs.
- (2) Provides mental health training materials for emergency workers.
- (3) Assists in arranging training for mental health outreach workers.
- (4) Assesses adequacy of application for federal crisis counseling grant funds.
- (5) Addresses worker stress issues and needs through a variety of mechanisms.

**h. Washington State Department of Transportation**

- (1) Coordinates movement of seriously ill or injured patients from the area of the event to locations where definitive medical care is available.

- (2) Assists in identifying and arranging for utilization of all types of transportation such as air, rail, marine, and land vehicles.
- (3) Coordinates with the Federal Aviation Administration (FAA) for air traffic control support for priority missions.
- (4) Coordinates with U.S. Department of Health and Human Services to utilize the transportation assets of the National Disaster Medical System (NDMS).

**i. Washington State Office of Financial Management**

Supports response activities consistent with the agency's mission and capabilities.

**j. American Red Cross**

- (1) Provides emergency first aid, supportive counseling, health care for minor illnesses and injuries to victims in mass care shelters, selected disaster clean-up areas, and other sites deemed necessary by the Department of Health.
- (2) Supplements the local jurisdiction's existing health system, subject to the availability of staff.
- (3) Provides supportive counseling for the family members of the dead and injured.
- (4) Provides available personnel to assist in temporary infirmaries, immunization clinics, morgues, hospitals, and nursing homes.
- (5) Acquaints families with available health resources and services and make appropriate referrals.
- (6) Provides blood and blood products through regional blood centers at the request of the appropriate agency.
- (7) Provides coordination for uploading of appropriate patient casualty information from ESF 8 into the Disaster Welfare Information System.

**G. Recovery Activities**

**1. Primary Agency**

**Washington State Department of Health**

- a. Supports recovery activities consistent with the Department's mission and capabilities.

- b. Prepares an after-action report of the event when requested.

## **2. Support Agencies**

**Washington State Departments of Agriculture, General Administration, Labor and Industries, Licensing, Military Department, Washington State Patrol, Social and Health Services, Transportation, Office of Financial Management, U.S. Department of Health and Human Services, and the American Red Cross**

- a. Support recovery activities consistent with the organization missions and capabilities.
- b. Provide input to the Department of Health's after-action report of the event.

## **V. RESPONSIBILITIES**

### **A. Primary Agency**

#### **Washington State Department of Health**

Coordinates the planning for, and provision of, the state's medical and public health assistance to local jurisdictions affected by an emergency or disaster.

### **B. Support Agencies**

**Washington State Departments of Agriculture, General Administration, Labor and Industries, Licensing, Military Department, Washington State Patrol, Social and Health Services, Transportation, Office of Financial Management, U.S. Department of Health and Human Services, and the American Red Cross**

Provide support to the DOH in planning for, and providing medical and public health assistance to local jurisdictions affected by an emergency or disaster.

## **VI. RESOURCE REQUIREMENTS**

### **A. Medical Transportation**

Arrangements for medical transportation should be made at the lowest levels possible. Normally local jurisdiction transportation requirements are to be handled by local jurisdiction authorities. State and local jurisdiction health/medical authorities identify the need for patient evacuation support from the affected area. If it is determined by the local jurisdiction that local or regional resources are inadequate to meet the requirements, a request for state medical transportation assistance will be submitted to the state ESF 8 and will be coordinated with representatives from the Department of Transportation.

**B. Medical Facilities**

Coordination for medical facilities is primarily a local jurisdiction function. Requests for additional assistance should first be referred to local jurisdiction authorities. Requests from local jurisdictions for hospital support should be routed through the state ESF 8.

**C. Medical Equipment and Supplies**

Representatives from the Departments of Health, General Administration, Social and Health Services, Transportation, and the Military Department will coordinate for the procurement and transportation of medical equipment and supplies to the affected area.

**D. Communications**

The state EOC ESF 8 will establish communications necessary to effectively coordinate health and medical assistance. As a minimum, state ESF 8 will be expected to maintain communications with the DOH EOC, local jurisdiction health and medical officials, and local jurisdiction EOCs, as necessary. As the situation dictates, communications will be maintained with other agencies such as the FEMA regional offices and Public Health Services regional offices. A variety of communications networks and organizations will be used including the public switched-telephone network, the State Controlled Area Network (SCAN) and various radio networks coordinated with the state EOC. National Guard units deployed in support of ESF 8 will utilize their organic communications equipment and assigned frequencies to facilitate their internal communications requirements.

**E. Assets Critical for Initial 12 Hours**

The most critical requirements during the first 12 hours of an event will be medical response personnel, necessary medical supplies and equipment, transportation, logistical and administrative support, and communication systems support. The principal requirements will be:

1. The alerting and deployment of emergency response and recovery coordinators, state ESF 8, the DOH ESF 8 emergency response and recovery structure, and other necessary ESF 8 personnel.
2. The alerting and deployment of medical personnel and teams, and supporting military medical units to assist local jurisdiction authorities in the delivery of patient care to victims of the event and the provision of mortuary services as required. Patient care will probably be rendered under austere field conditions for casualty clearing, casualty staging, and during transportation.
3. Medical supplies, including pharmaceutical and biologic products, and equipment necessary to replace those damaged or destroyed by the event. Additionally, resupply will be needed for deployed medical teams, supporting military medical units, and local jurisdiction medical units providing patient care in the affected area. The National Pharmaceutical Stockpile may be requested (see Appendix 2).

4. Transportation support, provided resources are available, including:
  - a. Aircraft for transport of incoming medical response personnel, supplies, and equipment.
  - b. Ground transportation for deployment of incoming assets within the affected area.
  - c. Ground transportation, fixed and rotary-wing aircraft for movement of casualties within the affected area.
  - d. Fixed-wing short-, medium- and long-range aircraft for patient evacuation from the affected area.
5. Logistics and administrative support, including:
  - a. One or more representative of each ESF 8 primary and support agency to be located at, or to be immediately available via telecommunications, as appropriate to support, to the state ESF 8, or within the affected area.
  - b. One or more representative of state ESF 8 to deploy, as required, to assist local ESF 8 with emergency response and recovery coordination.
  - c. Clerical support personnel at the state ESF 8.
  - d. Referenced materials including plans, directories, and maps necessary for coordination of medical and public health response.
6. Communication systems, including:
  - a. Voice and data communications systems connecting state EOC ESF 8, DOH ESF 8, and local jurisdiction ESF 8.
  - b. Intra-regional voice communication systems connecting state and local jurisdiction officials involved in immediate medical response and recovery operations.
  - c. Communications required to support casualty clearing, aero medical staging, and patient evacuation and reception operations.
7. The assets required for the initial 12 hours will also be required for the remainder of the response and recovery activities. Requirements may be modified depending on verification of initial requests for assistance, confirmation of casualty and damage estimates and locations, and the time required for medical and public health response and recovery. The discovery of previously undetected damage, hazardous conditions, or other requirements could also modify the state medical and public health response. Some significant increases in public health and mental health assistance will be required following the initial response activities and will

need to continue well into the recovery activities. Such assistance may include the provision of environmental health services for shelters.

## **VII. REFERENCES**

See Appendix 3.

## **VIII. DEFINITIONS AND ACRONYMS**

See CEMP Basic Plan, Appendix 4.

## **IX. APPENDICES**

1. National Pharmaceutical Stockpile Reception and Distribution (to be published separately).
2. Infant Formula Resupply.
3. Mortuary Services